

**OFFICE OF THE STATE MEDICAL EXAMINER
PROVISIONAL ANATOMIC DIAGNOSES**

Case# 10-0452

Decedent: Graham Albert

Age: 58

Gender: M

Race: B

County: Jones

Date of Examination: 4/6/2010

Autopsy findings:

Cardiomegaly with biventricular hypertrophy and severe atherosclerotic coronary artery disease
Patchy anthracosis and emphysematous bullae, lungs
Scars, kidneys

Additional laboratory tests/samples submitted: Tox

Preliminary Cause of Death: Atherosclerotic coronary artery disease

Contributory Cause(s) of Death:

Manner of Death: Natural

Pathologist: Feng Li, M.D., J.D., Ph.D.

Date: 4/6/2010

JONES COUNTY SHERIFFS DEPT.

DATE: 04/06/2010

NUMBER: 2010007423

Page 1

Received: 04/05/2010 23:39 Incident No: 2010007423
 Dispatched: Location: 5178 HIGHWAY 11 ELLISVILLE
 Enroute: Occurrence: 04/05/2010 23:30
 Arrived:
 Completed:

Signal:

******* COMPLAINANT(S) *******

ID # 2006080453

HARE, DAVID

911 JONES COUNTY JAIL , ELLISVILLE MS 394370000

TYPE OF INDIVIDUAL L

Home/Business

(601) 000-0000

(601) 000-0000

(601) 000-0000

******* VICTIM(S) *******

ID # 2006100853

GRAHAM, ALBERT LEE

Home/Business

(601) 000-0000

(601) 000-0000

(601) 000-0000

DOB: [REDACTED] AGE: 58 +/- 00 RACE: B SEX: M Height: 6- 1 Weight: 170 SSN: [REDACTED]
 OLN: State: MS Class: Commercial: Birth City/State:
 Appearance: 40 Build: Complexion: Ethnicity: N Eyes: BRO
 Hair: BLK Hair Length: Hair Style: Resident: R M.O.:
 EMPLOYER:

INJURY TYPE(S) ☐ None ☐ Broken Bones ☐ Internal ☐ Lacerations ☐ Minor ☐ Major ☐ Teeth ☐ Unconscious******* ASSISTING DETECTIVE(S) *******

SUBER, ROBERT

JONES COUNTY SHERIFFS DEPT.

DATE: 04/06/2010

NUMBER: 2010007423

Page 2

Agency: JCSO

Author: SUBER, ROBERT

Incident No: 2010007423

Title: DEATH INVESTIGATION

Report Type: I

ON APRIL 5, 2010 AT 2339 HOURS, I, MAJOR ROBBIE SUBER, WAS CONTACTED BY CAPTAIN STACY WALLS REGARDING AN INMATE AT THE JONES COUNTY JAIL THAT WAS UNRESPONSIVE. ACCORDING TO CAPTAIN WALLS, CORRECTIONAL STAFF MEMBERS WERE ALERTED BY OTHER INMATES IN THE CELL THAT THE INMATE NEEDED HELP. WALLS INFORMED ME THAT CORRECTIONAL STAFF WERE ADMINISTERING CPR AND THAT EMSERV WAS ENROUTE TO THE JAIL. WALLS STATED THAT THE INMATE, ALBERT GRAHAM, HAD A HISTORY OF HEALTH PROBLEMS.

I RESPONDED TO THE ADULT CORRECTIONAL FACILITY AND MET WITH SHIFT SERGEANT DAVID HARE. GRAHAM HAD ALREADY BEEN TRANSPORTED TO SCRC. HARE STATED THAT INMATES IN CELL 160 BEGAN BANGING ON THE DOORS AND YELLING THAT AN INMATE NEEDED HELP. HARE STATED THAT WHEN HE AND OTHER STAFF MEMBERS GOT TO GRAHAM HE WAS GASPING AND JERKING THEN BECAME UNRESPONSIVE. HARE STATED THAT NATHAN FAYARD BEGAN CPR AND AN AMBULANCE WAS REQUESTED. HARE STATED THAT THERE WAS NO APPARENT SIGN OF AN ASSAULT. HE STATED THAT CELL 160 IS CALLED THE MEDICAL CELL. INMATES TAKING REGULAR MEDICATION ARE IN THIS CELL.

I INFORMED HARE THAT I NEEDED A STATEMENT FROM HIM REGARDING THIS INCIDENT ALONG WITH ONE FROM FAYARD AND OFFICER SANTANNA BENJAMIN WHO WAS ALSO PRESENT.

I THEN SPOKE WITH ONE INMATE IDENTIFIED AS VINCENT BREAZALE. BREAZALE STATED THAT HE AND THE OTHER INMATES THOUGHT GRAHAM WAS HAVING A HEART ATTACK SO THEY ALERTED STAFF. I ASKED BREAZALE IF GRAHAM HAD ANY ALTERCATIONS WITH ANYONE IN THE CELL PRIOR TO THEM ALERTING STAFF. BREAZALE SAID THAT THERE WAS NO ALTERCATION NOR ANY PROBLEMS WITH OTHER INMATES. HE STATED THAT GRAHAM WAS ONE OF THE OLDER MEN IN THE CELL AND EVERYONE RESPECTED HIM. BREAZALE DID EXPRESS FRUSTRATION WITH WHAT HE FELT WAS A LONG TIME FOR STAFF TO RESPOND TO GRAHAM'S NEEDS.

I LEARNED FROM CAPTAIN WALLS WHO RESPONDED TO THE ER THAT GRAHAM WAS ACTUALLY BREATHING ON HIS OWN AGAIN WITH A WEAK PULSE BUT THEN LOST HIS PULSE. A SHORT TIME LATER ER STAFF PRONOUNCED GRAHAM DECEASED.

I RESPONDED TO THE SCRC AND BRIEFED WITH WALLS. WALLS RESPONDED BACK TO THE JAIL WITH FAYARD TO LOCATE A NUMBER FOR GRAHAM'S WIFE. WALLS STATED THAT GRAHAM'S WIFE HAD BEEN IN CONTACT WITH HER REGARDING GRAHAM'S HEALTH AND THAT GRAHAM WAS SEEN IN MARCH AT ELLISVILLE MEDICAL CLINIC AND PUT PN BLOOD PRESSURE MEDICATION.

CORONER NANCY BARNETT ARRIVED SHORTLY THEREAFTER. PHOTOGRAPHS WERE

JONES COUNTY SHERIFFS DEPT.

DATE: 04/06/2010

NUMBER: 2010007423

Page 3



TAKEN OF GRAHAM'S BODY. THERE WERE NO IMMEDIATE SIGNS OF INJURY. IT WAS LEARNED FROM HOSPITAL STAFF THROUGH BARNETT THAT GRAHAM HAD BEEN HOSPITALIZED IN 2007 AND 2008 DIAGNOSED WITH AN ENLARGED HEART, CONGESTIVE HEART FAILURE, CARDIOMYOPATHY, AND OTHER ILLNESSES. GRAHAM WAS BEING TREATED BY DR WASSIM MOUANNES OF THE HEART CARE CENTER. I REQUESTED AN AUTOPSY. BARNETT STATED SHE WOULD ATTEMPT TO HAVE AN AUTOPSY DONE ON APRIL 6, 2010.

BARNETT AND I THEN MET WITH GRAHAM'S WIFE, JENETTA JONES GRAHAM AT 716 MAGNOLIA ST. LAUREL, MS (6013198612). MS GRAHAM WAS ADVISED OF HER HUSBAND'S DEATH. IT IS NOTED THAT GRAHAM WAS INCARCERATED ON AN AGGRAVATED DOMESTIC CHARGE WITH MS GRAHAM AS THE VICTIM. GRAHAM HAD SHOT HIS WIFE SEVERAL MONTHS PRIOR TO HIS DEATH AFTER AN ARGUMENT. MS GRAHAM STATED THAT SHE RECENTLY VISITED HER HUSBAND AT THE JAIL AND SAID HE SEEMED PEACEFUL. MS GRAHAM EXPRESSED GRATITUDE FOR CAPTAIN WALLS FOR THE TIMES SHE CALLED WALLS CHECKING ON HER HUSBAND.

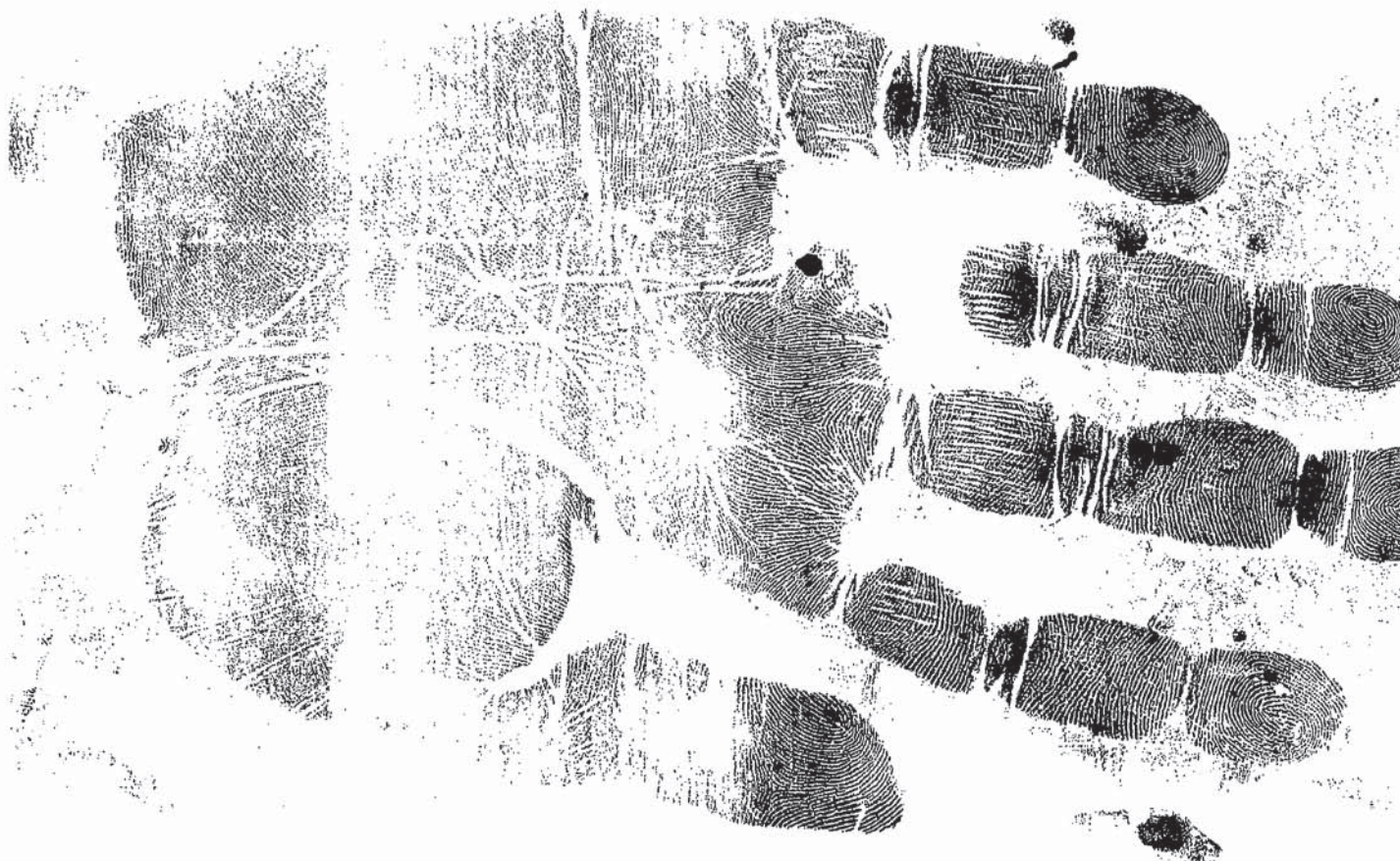
I SPOKE WITH AGENT JIMMY HERZOG ON THE MORNING OF APRIL 6, 2010 AND REQUESTED THE MISSISSIPPI BUREAU OF INVESTIGATION CONDUCT AN INVESTIGATION. HERZOG AGREED TO DO SO.

TCN




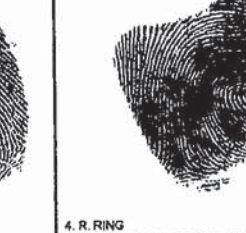






1s340001-20091110-209. GRAHAM, ALBERT LEE

DATE PRINTED 20091110	TAKEN BY HILLMAN - CHILLMAN	ORI MS034000
LEFT WRITER'S PAL**		LEFT INDEX
		
ID 50X50G8 TP5700 #000#03 19:41:20 LX T640 /#791YNKH		

LEFT HAND



STATE OF MISSISSIPPI FINGERPRINT CARD				ARREST TRACKING NUMBER 8898127561			
1. LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX GRAHAM, ALBERT, LEFT,				2. SOCIAL SECURITY NUMBER [REDACTED]		3. DRIVERS LICENSE NUMBER	
4. SIGNATURE OF PERSON FINGERPRINTED				5. AGENCY CASE NUMBER		6. SID NUMBER	
7. ALIASES, MAIDEN		8. ARREST TYPE ADULT <input checked="" type="checkbox"/> JUVENILE TREAT AS ADULT <input type="checkbox"/>		9. ARRESTING AGENCY ORI, NAME, ADDRESS MS0340000			
10. FBI NUMBER	11. DATE OF ARREST (MM DD YYYY) 11 11 2009	12. DATE OF BIRTH (MM DD YYYY) [REDACTED]	13. SEX M	14. RACE B	15. HEIGHT 506	16. WEIGHT 280	17. EYES Bro
18. HAIR Bla							
19. SCARS, MARKS, TATTOOS, AND AMPUTATIONS (RELIEF: A FROO DESCRIPTION)							
20. MISCELLANEOUS NUMBERS				21. RESIDENCE (COMPLETE ADDRESS) LAUREL, MS			
NTN							
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING	
5. R. LITTLE		6. L. THUMB		7. L. INDEX		8. L. MIDDLE	
9. L. RING		10. L. LITTLE					
ID 50X50G8 TP5700				LXT640 #791YNKH 20091110-19:43			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

STATE OF MISSISSIPPI FINGERPRINT CARD				ARREST TRACKING NUMBER 8898127561			
1. LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX GRAHAM, ALBERT, LEE				2. SOCIAL SECURITY NUMBER [REDACTED]		3. DRIVERS LICENSE NUMBER	
4. SIGNATURE OF PERFORMER [REDACTED]				5. AGENCY CASE NUMBER		6. SID NUMBER	
7. ALIASES, MAIDEN				8. ARREST TYPE ADULT <input checked="" type="checkbox"/> JUVENILE TREAT AS ADULT <input type="checkbox"/>		9. ARRESTING AGENCY ORI, NAME, ADDRESS MS0340000	
10. FBI NUMBER	11. DATE OF ARREST (MM/DD/YYYY) 11/12/09	12. DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	13. SEX M	14. RACE B	15. HEIGHT 506	16. WEIGHT 280	17. EYES Bro
18. SCARS, MARKS, TATTOOS, AND AMPUTATIONS (INCLUDE LOCATION AND DESCRIPTION)							
20. MISCELLANEOUS NUMBERS				21. RESIDENCE (COMPLETE ADDRESS) LAUREL, MS			
<div> <div>NTN</div> <div>  <div>1. R. THUMB</div> </div> <div>  <div>2. R. INDEX</div> </div> <div>  <div>3. R. MIDDLE</div> </div> <div>  <div>4. R. RING</div> </div> <div>  <div>5. R. LITTLE</div> </div> </div> <div> <div>  <div>6. L. THUMB</div> </div> <div>  <div>7. L. INDEX</div> </div> <div>  <div>8. L. MIDDLE</div> </div> <div>  <div>9. L. RING</div> </div> <div>  <div>10. L. LITTLE</div> </div> </div>							
ID 50X50G 095700				LXT640 #791VNH 20091110-19:44			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

JONES COUNTY ADULT DETENTION FACILITY

Release Sheet: 67209

Page: 1

ID #: 2006100853

Name: GRAHAM, ALBERT LEE

Address: [REDACTED]

LAUREL, MS 00000000

Phone(Home/Business):(601) 000-0000 (601) 000-0000

DOB: [REDACTED] Age: 58 YRS

Height: 6- 1

Race: B

Sex: M

Weight: 170

Eyes: BRO

Ethnicity: N

Appearance: 40

Hair: BLK

Resident: R

Build:

Scars/Marks/Tattoos:

Complexion:

Birth Place:

Employer:

FBI ID:

IdentA:

SSN: [REDACTED]

DL No.:

MS

State ID:

Booking Date: 11/10/09 Time: 9:51

Transfer(Y/N)?

Facility: JCADF

Release Date: 04/05/10 Time: 23:49

Reason for Release:

Officer: HARE 205 Name not found

Length of Stay:

Arrest Date: 11/10/09 Time: 9:43

Booking Officer: 2008020089 HILLMAN, CHRISTOPHER

Arresting Agency: JCSO

Cell Assignment: A160

Officer: 2005070036 STIGLET, JAMES

Status: MIN

Class: JCSO

Location: [REDACTED]

Hold Reason: CH

LAUREL

MS

Holding For:

Searched By: 86

Phone Call:

Sentence Date: / /

CLOTHING: Y

NCIC:

DETAINER:

Scheduled Release: / / 0:00

METAL:

WARRANT:

ESCAPE:

Court Date:

PAT: Y

PRINTS:

Attorney:

STRIP: Y

PHOTO: Y

Bondsman:

CAVITY:

10-92 P/W

Drug Screen:

Cash: \$0.00 Vehicle Information:

Vehicle Location:

Property Description:

Property Location: JCADF

1 WALLET WITH CONTENTS

3 KEYS

1 VISOR

1 JACKET

1 PAIR SUNGLASSES

1 CELL PHONE

Seq.No.: Code:

Description:

OFFENSES

Court

Bond Amt: Bond Type:

Incident Number

RSA

Warrant Number

Fel/Misd Fine Amount:

Notes:

1 97-3-7 (2)A

AGGRAVATED ASSAULT, MANIFEST EXTREME INDIF. JCCC
97-3-7 (2)A50,000.00 CASH
F 0.00

(domestic)

Release Notes:

TRANSFERRED TO HOSPITAL.

JONES COUNTY ADULT DETENTION FACILITY

Release Sheet: 67209

Page: 2

Total Bond Amount: \$50,000.00

I HAVE RECEIVED ALL OF MY PROPERTY, MONEY AND VALUABLES AND FIND IT TO BE ACCURATE.

Inmate's Signature N/A Date _____ Time _____
Releasing Officer Hove Sgt 205 Date 4/5/14 Time 2349
Authorized Release: A.HODGE Witness [Signature]

JONES COUNTY ADULT DETENTION FACILITY

Release Sheet: 67209

Page: 1

ID #: 2009110172
 Name: BROWN, ALBERT LEE
 Address: [REDACTED]
 LAUREL, MS 0000
 Phone(Home/Business):(601) 000-0000 (601) 000-0000
 DOB: [REDACTED] Age: 58 YRS Height: 6- 2
 Race: B Sex: M Weight: 170
 Eyes: BRO Ethnicity: N Appearance: 40
 Hair: GRY Resident: U Build: 2
 Scars/Marks/Tattoos: Complexion: 08
 Employer: FBI ID:
 SSN: [REDACTED] DL No.: MS State ID:



Booking Date: 11/10/09 Time: 9:51
 Release Date: 04/05/10 Time: 23:49
 Officer: HARE 205 Name not found
 Arrest Date: 11/10/09 Time: 9:43
 Arresting Agency: JCSO
 Officer: 2005070036 STIGLET, JAMES
 Location: [REDACTED]

Transfer(Y/N)? Facility: JCADF
 Reason for Release:
 Length of Stay:
 Booking Officer: 2008020089 HILLMAN, CHRISTOPHER
 Cell Assignment: A160
 Status: MIN Class: JCSO
 Hold Reason: CH
 Holding For:
 Sentence Date: / /
 Scheduled Release: / / 0:00
 Court Date:
 Attorney:
 Bondsman:
 Drug Screen:

Searched By: 86 Phone Call:
 CLOTHING: Y NCIC: DETAINER:
 METAL: WARRANT: ESCAPE:
 PAT: Y PRINTS:
 STRIP: Y PHOTO: Y
 CAVITY: 10-92 P/W

Cash: \$0.00 Vehicle Information:

Vehicle Location: \$2.37 - cash

Property Description:

Property Location: JCADF

✓ 1 WALLET WITH CONTENTS

✓ 3 KEYS - Albert Brown signed that there were no keys.

✓ VISOR

✓ JACKET

✓ PAIR SUNGLASSES

✓ CELL PHONE

✓ wedding band

Seq.No.:	Code:	Description:	OFFENSES	Court	Bond Amt:	Bond Type:
Notes:	Incident Number	RSA	Warrant Number	Fel/Misd	Fine Amount:	

1 97-3-7 (2)A

AGGRAVATED ASSAULT, MANIFEST EXTREME INDIF. JCCC
97-3-7 (2)A50,000.00 CASH
F 0.00

(domestic)

Release Notes:

TRANSFERED TO HOSPITAL.

JONES COUNTY ADULT DETENTION FACILITY

Release Sheet: 67209

Page: 2

Total Bond Amount: \$50,000.00

I HAVE RECEIVED ALL OF MY PROPERTY, MONEY AND VALUABLES AND FIND IT TO BE ACCURATE.

~~Inmate's~~ Signature Jeonette Graham

Releasing Officer Brenda Hillman

Authorized Release: A.HODGE

Date 4-7-10 Time 0949

Date 4-7-10 Time 0949

Witness [Signature]

JAIL INCIDENT REPORT

19

Incident Date/Time: 04/06/2010 01:36:37 Incident Type: MAJOR INFRACTION

Incident Location: hall 2 a160

Incident Cause: illness

Evidence Collected: SGT. David Hare , c/o Nathan Fayard, c/o Santana Benjamin assessed the scene.

Narrative (Facts):

At about 2328 hrs. the inmates in this zone was beating on door and window. these officers and I responded and found several cell mates standing over albert Graham. They said he seem to be having a seizure. After assessing that he need a doctor, I told central operator c/o wilson to call the nurse and I called Capt. Walls and central dispatch to send an ambulance while c/o Fayard began C.P.R. After these calls I returned to a160 and began assisting c/o Fayard with C.P.R. until ambulance arrived and took over. C/O Fayard out with ambulance to hospital.

Action(s)/Recommendation(s):**Supervisor/Manager Review:****INMATE(S) INVOLVED**
NAME:

INVOLVEMENT:

CELL ASSIGNMENT:

VICTIM

VICTIM

OFFICER(S) INVOLVED:

HARE, DAVID

BENJAMIN, SANTANA

INFRACTION(S) INVOLVED:

Entered By: BENJAMIN, SANTANA

Hare, David Officer Making Report Date

Approval Supervisor Date

Approval Manager Date

JAIL INCIDENT REPORT**18**

Incident Date/Time: 04/06/2010 23:28:00 Incident Type: MAJOR INFRACTION

Incident Location: A160

Incident Cause: inmate passing out

Evidence Collected: none

Narrative (Facts):

On april 4th,2010 at 2328 hours inmates in cell block A160 began beating on the windows and pressing the emergency button on the wall. Officer Fayard and officer Hare rushed to cell block A160 . Upon entry into the cell officer Fayard and Hare found inmate Albert Graham lying on his rack , mr.graham was breathing and looking around at this time . SGT.Hare instructed officer fayard to get the blood pressure cuff and check mr.grahams blood pressure .

Officer fayard left cell block A160 to get the blood pressure cuff. When officer fayard returned mr.graham was breathing very shallow . At this time SGT.Hare advised central control to contact the nurse carol johnson . SGT.Hare left to talk to the nurse .Officer Fayard was then joined by officer santanna benjamin . No blood pressure could be taken due to the machine malfunctioning . Mr.Graham then stopped breathing . Officer fayard ran to central control to grab a pocket mask

When Officer Fayard re intered cell A160 Mr.Graham's lips had turned blue . officer fayard and officer benjamin removed mr.graham from his rack and placed him on the floor . Officer fayard checked mr.grahams airway and began breathing for him after two breaths mr.graham had no pulse . Officer fayard began CPR on mr.graham at this time officer fayard was joined by SGT.Hare .SGT.Hare began chest compressions while officer fayard continued breathing . Central control advised over the radio that EMSERV had been called and was on the way . At 2338 EMSERV was on the sceen , at this time CPR had been going on for eight minutes . EMSERV worked on mr.graham and prepared him for transport. Officer Fayard rode in with EMSERV breathing for mr.graham while in trasit . When officer fayard and EMSERV arrived at SCRMC respatory therapy relieved officer fayard from breathing mr. graham

end of report

JAIL INCIDENT REPORT**Action(s)/Recommendation(s):****Supervisor/Manager Review:****INMATE(S) INVOLVED
NAME:****INVOLVEMENT:****CELL ASSIGNMENT:**

GRAHAM , ALBERT LEE

VICTIM

A160

OFFICER(S) INVOLVED:

HARE, DAVID

BENJAMIN, SANTANA

INFRACTION(S) INVOLVED:

Entered By: CHERRY, WHITNEY

N.Fayard

Officer Making Report

Date

Approval Supervisor

Date

Approval Manager

Date

STATEMENT OF MIRANDA RIGHTS

1. You have the right to remain silent.
2. Anything you say can and will be used against you in a court of law.
3. You have the right to talk to a lawyer and have him present with you while you are being questioned.
4. If you cannot afford to hire a lawyer, one will be appointed to represent you before questioning, if you wish.
5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

Albert S. Graham

DEFENDANT

WITNESSED BY:

OFFICER'S NAME:

Don A. Small

OFFICER'S DEPARTMENT:

Jones S.O.

DATE:

11/12/09

TIME:

1346 P.M.

CERTIFIED

CERTIFICATE OF INITIAL APPEARANCE
(FELONY)

I certify that Albert Lee Graham whose address is [REDACTED] Lawel MS 39443 was granted an initial appearance before me on the 12 day of Nov 2009.

The following information was given to the defendant verbally and a copy of this certification was also given to the said defendant.

TO: Albert Lee Graham, defendant

1. CHARGE AND PENALTY. You have been charged with the following felony crime(s).

CRIME	STATUTES
A. <u>Aggravated Assault</u>	<u>97-3 7 (2)(b)</u>
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____

A copy of the complaint against you is attached to this certificate. If your name and address as shown above are incorrect, the error should be pointed out to the Court, or any officer of the Court in which you appear.

2. RIGHT TO REMAIN SILENT. You are not required to speak and any statements you make may be used against you.
3. RIGHT TO AN ATTORNEY. You have the right to the assistance of counsel and if you are unable to afford counsel an attorney will be appointed to represent you. An application for appointment of counsel is attached to this certificate. If you wish to hire your own attorney, you will be given opportunity by the officer in charge of the jail to make necessary telephone calls to obtain counsel.
4. RIGHT TO COMMUNICATION. You have the right to communicate with your attorney, family, or friends and reasonable means will be provided by the officer in charge of the jail to enable you to do so.
5. RIGHT TO PRELIMINARY HEARING. You have a right to a preliminary hearing before a judicial officer of the charges made against you to determine whether there is probable cause to believe that a crime has been committed and that you committed it. If such probable cause is found not to exist, you will be discharged from custody. At any such preliminary hearing you shall have the right to cross-examine any witnesses offered against you, compel the attendance of witnesses in your own behalf by subpoena and offer any evidence in your own behalf. An application for preliminary hearing is/is not Attached hereto.
6. BAIL. You have/do not have the right to bail. Your bail is corresponding to The charges set forth in paragraph 1 above is:

a. 50,000 b. _____ c. _____ d. _____ e. _____

CASH Bond

CERTIFIED

2

The SHERIFF OF JONES COUNTY must approve any bond.

7. COMMITMENT. You are hereby committed to the custody of the JONES COUNTY SHERIFF'S DEPARTMENT to await the action of the JONES COUNTY GRAND JURY next convened or further action of the Circuit Court of said county.

THIS THE 12 DAY OF Nov. 2009

Wesley Rushing
JUSTICE COURT JUDGE

Defendant was instructed by Judge that
if he bonds out of jail he is not to
go within 300 yds of alleged victim until
this case has been to Circuit Court

Wesley Rushing



CERTIFIED

IN THE JUSTICE COURT OF JONES COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI

VERSUS

NO. _____

AFFIDAVIT OF INDIGENCY

Came this day this cause, the defendant, _____, in the above styled and numbered cause and after first being placed under oath by the Court, makes affidavit that he is an indigent person within the provision of Section 25-32-9, Mississippi Code of 1972 Annotated as Amended and is unable to employ Counsel.

DEFENDANT

JUSTICE COURT JUDGE

CERTIFIED

INDIGENCY PROCEEDING

1. What is your name? _____
2. Are you presently in jail or out on bond? _____
3. Where do you live? _____
4. With whom do you live? _____
5. Are you employed? _____
6. What kind of work do you do or have you done and what? _____
7. Do you have any dependants, if so, how many? _____
8. Do you have any wages due to you or owing to you at this time for work performed by you in the past which has not yet been paid? _____
9. Do you have a bank account? _____
10. Do you have a checking account? _____
11. Do you have a savings account? _____
12. Do you own any stocks or bonds? _____
13. Do you own a vehicle of any type, if so, make and model and what its worth and if there is anything owed on it, who has possession of it and in whose name is it registered in? _____
14. Do you own real property, if so, what type? _____
Where is it located, in whose name is it titled? How much is it worth? What is owed on it and to whom is it owed? _____
15. Do you own anything else of value that can be sold and/or converted into money for the purpose of hiring an attorney? _____

Then you make a determination whether or not they are indigent. If they are, then ask them if they want an attorney. If they so desire, then you appoint one.

CERTIFIED

IN THE JUSTICE COURT OF JONES COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI
VERSUS

NO. _____

APPOINTMENT OF PUBLIC DEFENDER

Came before the court, this day, the defendant, _____,
requesting the Court to appoint an attorney,
and the Court having first placed the defendant under oath finds as follows:
Property (real or personal) _____

Employment Status _____

Number of Dependents _____

Income from any other source _____

Ability of parent or spouse to provide attorney fee _____

Other _____

This Court having considered the affidavit of indigence filed by the defendant in
the above styled and numbered cause and finding of the defendant's financial ability to
hire counsel finds that the defendant is an indigent person within the provisions of
Section 25-32-9, Mississippi Code, Annotated 1972, and hereby appoints the Public
Defender to represent the defendant in the above styled and numbered cause.

SO ORDERED, THIS THE _____ DAY OF _____.

JUSTICE COURT JUDGE

CERTIFIED

IN THE JUSTICE COURT OF JONES COUNTY, MISSISSIPPI

STATE OF MISSISSIPPI
VERSUS

Albert Lee Graham

NO. _____

APPOINTMENT OF PUBLIC DEFENDER

Came before the court, this day, the defendant, Albert Lee Graham, requesting the Court to appoint an attorney, and the Court having first placed the defendant under oath finds as follows:
Property (real or personal) _____

Employment Status _____

Number of Dependents _____

Income from any other source _____

Ability of parent or spouse to provide attorney fee _____

Other _____

This Court having considered the affidavit of indigence filed by the defendant in the above styled and numbered cause and finding of the defendant's financial ability to hire counsel finds that the defendant is an indigent person within the provisions of Section 25-32-9, Mississippi Code, Annotated 1972, and hereby appoints the Public Defender to represent the defendant in the above styled and numbered cause.

SO ORDERED, THIS THE 12 DAY OF Nov, 2008

Wesley Perkins
JUSTICE COURT JUDGE



DEFENDANT STATED HE WOULD HIRE HIS OWN ATTORNEY. \$50,000⁰⁰ CASH BAIL SET

Wesley Perkins
Justice Court Judge

CERTIFIED

THREE WAYS TO MAKE BOND

1. PROPERTY BOND. This type bond is usually made with the assistance of an Attorney and must be approved by the Sheriff.
2. RULE BOND. This is made by filing 10% of the bond with the Circuit Clerk's office. This method may be used if you have never been convicted of a felony, and the crime you are now charged with is non-violent. Most of this money will be returned after the case has been handled by the court or applied to the fines and restitution.
3. PROFESSIONAL BONDSMAN. This method is used by paying a Professional bondsman a 10% fee if you are in the state and a 15% if outside of the state. The money is not returnable and cannot be used for fines or restitution.

50,000⁰⁰ CASH Bond only

I HAVE RECEIVED A COPY OF THE THREE WAYS TO MAKE A FELONY BOND.

Albert L. Graham
DEFENDANT

Don A. Lowmiller
WITNESS

11/12/09
DATE

CERTIFIED

JEANNENE T. PACIFIC, P.A.
Attorney at Law

Mailing Address:
P.O. Box 1282
Laurel, Ms. 39441

August 10, 2005

Memorandum to: Felony Defendants

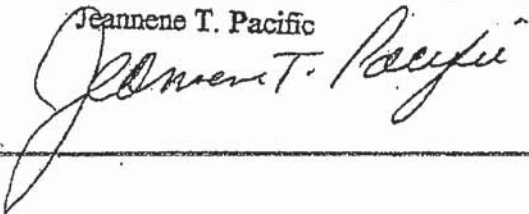
From: Jeannene T. Pacific, Circuit Court Head Public Defender

This Memorandum is given to you in an effort to better explain the criminal process and the Public Defender's Office.

1. As you will note, if you have been declared indigent by the Municipal or Justice Court, they have assigned you to the "Public Defender's Office". This assignment is not to a certain Public Defender and is only temporary.
2. Prior to indictment, the Public Defender's Office will not be able to ask for and receive your discovery (containing the charges and documents held by the District Attorney's Office) until *after* you have been indicted. You may not be indicted for the charge you have not been arrested on. Either way, no discovery is available until after indictment.
3. *If you are indicted*, a new determination will be made by the Circuit Court as to whether you are indigent and qualify for the Public Defender's Office. Judge Landrum has stated his opinion many times that "if a person is able to bond out of jail, then he obviously is not indigent". After that new determination is made, if you are found to be indigent, a Public Defender will be assigned to your case on a rotation basis. You will not be able to ask for a specific Public Defender nor will you be able to seek a change of the one assigned to you. If your Public Defender has a conflict he will take that matter up with the Head Public Defender but that conflict will have nothing to do with your personal wishes.
4. After the determination is made by Circuit Court, you are required to stay in touch with your Public Defender. Each Public Defender has their own system for requiring you to either check in, call in, or stay in touch. They will advise you of what is required. If you fail to stay in touch with your attorney, they may ask for a Bench Warrant against you. **It is your responsibility to stay in touch with them, not theirs to have to track you down.**

I trust that this information is helpful. Please keep this paper and read it carefully.

Jeannene T. Pacific





Jones County Sheriff's Department
SHERIFF ALEX HODGE

MEDICAL TREATMENT FORM

Date 3-10-10

Time _____

Inmate Name Albert Graham Inmate # _____ Cell # B102

A.D.F. Inmate ☒ J.D. F Inmate _____

County Inmate ☒ State Inmate _____

Laurel P.D. _____ Ellisville P.D. _____

Other Agency _____

Medical Complaint No ABP

Treatment Emergency Medical Services
State Hospital
in a van

Was inmate transported to a medical facility? Y ☒ N

If so what facility? EMC Care provider who treated inmate D. Suggs

All use of ambulance service or hospital treatment must first be approved by administration.

Administration notified yes

County Pay (adult) 6156492 ☒ (Juv) 6213147 _____

State Pay 6266923 _____ Laurel Police Pay 5061684 _____

Inmate Pay _____

I understand that the Jones County Sheriff Dept. will not be responsible for any preexisting medical conditions. I understand I will be responsible and I will be required to pay all medical expenses.

Inmate's signature Albert Graham

Print name Albert Graham

JONES COUNTY ADULT DETENTION FACILITY**Booking Medical Sheet: 67209****11/10/09 9:51****ID #: 2006100853****Name: GRAHAM, ALBERT LEE****Address:** [REDACTED]**LAUREL, MS 00000000****DOB:** [REDACTED]**Race: B****Height: 6- 1****Eyes: BRO****Home Phone****Age: 58 YRS****Sex: M****Weight: 170****Hair: BLK****(601)000-0000****Soc. Sec. No.:** [REDACTED]**Yes/No****VISUAL ASSESSMENT**

- N** 1. Is inmate unconscious?
- N** 2. Does inmate have any visible signs of trauma, illness, obvious pain or bleeding, requiring immediate medical attention?
- N** 3. Is there obvious fever, swollen lymph nodes, jaundice or other evidence of infection that may be contagious?
- N** 4. Any signs of poor skin condition, vermin, rashes or needle marks?
- N** 5. Does inmate appear to be under the influence of drugs or alcohol?
- N** 6. Any visible signs of alcohol or drug withdrawal?
- N** 7. Does inmate's behavior suggest the risk of suicide or assault?
- N** 8. Is inmate carrying medication?
- N** 9. Does the inmate have any physical deformities?
- N** 10. Does inmate appear to have psychiatric problems?

Yes/No**MEDICAL QUESTION**

11. Do you have or have you ever had any of the following:
- | | | | |
|-----------------------|-----------------------------|----------------------------------|------------------------------|
| N a) allergies | N e) epilepsy | Y i) high blood pressure | N m) ulcers |
| N b) arthritis | N f) fainting spells | N j) psychiatric disorder | N n) venereal disease |
| N c) asthma | Y g) heart condition | N k) seizures | N o) other(specify) |
| N d) diabetes | N h) hepatitis | N l) tuberculosis | |
12. Females only:
- N** a) Are you pregnant? **N** b) Do you take birth control pills? **N** c) Have you recently delivered?
- N** 13. Have you recently been hospitalized or treated by a doctor?
- Y** 14. Do you currently take any medication prescribed by a doctor?
- N** 15. Are you allergic to any medication?
- Y** 16. Do you have any handicaps or conditions that limit activity?
- N** 17. Have you ever attempted suicide or are you thinking about it now?
- N** 18. Do you regularly use alcohol or street drugs?
- N** 19. Do you have any problems when you stop drinking or using drugs?
- N** 20. Do you have a special diet prescribed by a doctor?
- N** 21. Do you have any problems or pain with your teeth?
- N** 22. Do you have any other medical problems we should know about?

Medical Insurance: NONE**Doctor: NONE****Emergency Contact: ODELL GRAHAM****Relationship: BROTHER****Address:****City: JOLIET****State: IL Zip:****Phone:** [REDACTED]

JONES COUNTY ADULT DETENTION FACILITY

Booking Medical Sheet: 67209

11/10/09 9:51

EXPLANATIONS (REFER TO QUESTION NUMBER)

Q11G: CONGESTIVE HEART FAILURE

Q11I: SAYS IT'S BORDERLINE

Q14: CORAD

Q16: HEART CONDITION

Q23: DISABILITY

I CERTIFY THAT I HAVE TRUTHFULLY ANSWERED THESE QUESTIONS ABOUT MY HEALTH.

Inmate's signature _____

Witness _____

Attending Officer _____

Date _____ Time _____

GRAHAM, ALBERT

REPORT DATE : 03/10

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NAZEPRIL HCTZ 10-12.5 M	03/11/10																															
GENERIC FOR LOTENSIN HCT																																
TAKE 1 TABLET BY MOUTH																																
ONCE DAILY																																

	1	2	3	4	5	6	7	8	9	10
B										
L										
S										
BT										
	11	12	13	14	15	16	17	18	19	20
B										
L										
S										
BT										
	21	22	23	24	25	26	27	28	29	30
B										
L										
S										
BT										

STARTING FOR	03/01/10	THROUGH	03/31/10	PAGE	1 OF	1
Physician	PATEL, JAISHRI			Telephone No.		
Att. Physician				Alt. Telephone	JO0081	
Allergies				Rehabilitative Potential		

Diagnosis				Approved By Doctor:		
Medical Number	Medicare Number			By:	Title:	Date:
RESIDENT	GRAHAM, ALBERT	D.O.B.	00/00/0000	Sex	Room #	0081
		Patient Code	GRAALBE	Admission Date	03/10/1	

[illegible][illegible]

STARTING FOR	03/01/10	THROUGH	03/31/10	PAGE	1 OF	1
Physician	PATEL, JAISHRI			Telephone No.	[REDACTED]	
Alt. Physician				Alt. Telephone	JO0081	
Allergies				Rehabilitative Potential		

Diagnosis		Approved By Doctor:						
Medical Number		Medicare Number		By:		Title:		Date:
RESIDENT		D.O.B.		Sex	Room	Patient Code	Admission Date	
GRAHAM, ALBERT		00/00/0000			# 0081	GRAALBE	03/10/1	

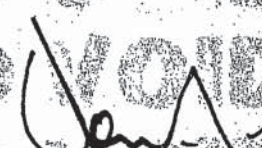
ID# 67209 Page 153 Line 19 Time In 0943 81020486

LAUREL POLICE DEPARTMENT

LAST NAME	FIRST NAME	MIDDLE	RELEASE	DATE <u>4/5/10</u>	TIME <u>2349</u>	RECEIPT
<u>Graham</u> <u>Brown</u>	<u>Albert</u>	<u>Lee</u>	SEX M <u>(X)</u> F <u>()</u>	COLOR W <u>()</u> B <u>(X)</u> O <u>()</u>	D.O.B. <u>[REDACTED]</u>	HAIR <u>Blk</u>
			EYES <u>Brs</u>	HT <u>6'2</u>		WT <u>170</u>
RESIDENCE <u>[REDACTED]</u>			D.L. <u>[REDACTED]</u>			
S.S. <u>[REDACTED]</u>						
DATE OF ARREST <u>11/10/09</u>	PLACE ARRESTED <u>SCRMC</u>	OFFICER <u>Stigler</u>	BOND AMOUNT			
CHARGES <u>Agg Assault (Domestic)</u> <u>97-3-7(2)A</u>			COMMENTS <u>hold for investigations</u>			
BOUND TO COUNTY DATE			<u>[REDACTED]</u> <u>called family</u>			
INDICTMENT #						
DATE	IND. FEE					
STATE INMATE						
DATE	SENTENCE					

Ellisville Medical Clinic
 1203 Avenue B Ellisville, MS 39437 (601) 477-8553
 Michael R. Casey, MD • DEA AC5938052
 Donnie Scoggin, FNP • DEA MS 0927054
 Tamberlynn Baker, FNP • Lic. # R859828 Vicki Hampton, FNP • Lic. # R853027
 Dianne Spruill, FNP-BC • Lic. # R623113 Diane Bradford, FNP • Lic. # R548669

Name Albert Graham Age _____
 Address _____ Date 3/10/10
Lotensin 10/12.5 H 30
÷ N QD

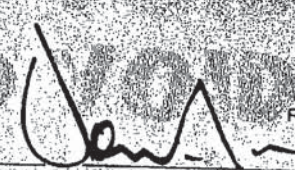
☒ Label  Refill 2

Dispense as Written Substitution Permissible
 Not Valid Unless On Blue Tamper Resistant Safety Paper
 Printed on forgery proof paper that has the word VOID engrained in the sheet. Simulated Watermark on the back form #1140423

SECURITY FEATURES ON BACK

Ellisville Medical Clinic
 1203 Avenue B Ellisville, MS 39437 (601) 477-8553
 Michael R. Casey, MD • DEA AC5938052
 Donnie Scoggin, FNP • DEA MS 0927054
 Tamberlynn Baker, FNP • Lic. # R859828 Vicki Hampton, FNP • Lic. # R853027
 Dianne Spruill, FNP-BC • Lic. # R623113 Diane Bradford, FNP • Lic. # R548669

Name Albert Graham Age _____
 Address _____ Date 3/10/10
Lotensin 10/12.5 H 30
÷ N QD

☒ Label  Refill 2

Dispense as Written Substitution Permissible
 Not Valid Unless On Blue Tamper Resistant Safety Paper
 Printed on forgery proof paper that has the word VOID engrained in the sheet. Simulated Watermark on the back form #1140423

SECURITY FEATURES ON BACK

MEDICATION INFORMATION FORM**FACILITY/CODE:***Jones Co MS*

LAST NAME:

Graham

FIRST NAME:

Albert

SS #:

BIRTHDATE:

CIRCLE ONE:

CITY

COUNTY

STATE

FEDERAL

MUST HAVE SSN & DOB TO FILL ANY CONTROLLED SUBSTANCES

BILL TO:

(IF DIFFERENT ACCOUNT)

ALLERGY

CELL BLOCK

ALIAS IF KNOWN:

BOOK IN #

INS#

PERSON COMPLETING FORM:

DRUG NAME

STRENGTH

DIRECTIONS

PHYSICIAN

HOUR(S)
GIVENSTART
DATE

QTY

REFILLS

*latisin**10/12.5**iqd**D Scarsus AH**30**2*

I-FormsMED INFO FORM CUSTOM 2001.DOC

MD. / P.A. / F.N.P. / C.R.N.P. SIGNATURE REQUIRED**IHS Pharmacy**Independent Health Services, Inc.
Post Office Box 1428
Rainsville, AL 35986Phone: 1(800)638-3104
Fax: 1(800)638-9459

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT, EMPLOYEE NOR AGENT RESPONSIBLE FOR DELIVERING THIS INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, ETC., IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 1(800)638-3104.



**Jones County Sheriff's Department
SHERIFF ALEX HODGE**

INMATE PERSONAL PROPERTY LOG

INMATE NAME Albert Graham INMATE BOOKING # 67209
 OFFICER SIGNATURE [Signature] DATE 11/10/09 TIME 0951
 C. OFFICER SIGNATURE [Signature] DATE 11/10/09 TIME 0943

MONEY

100.00 _____
 50.00 _____
 20.00 _____
 10.00 _____
 5.00 _____
 1.00 1

TOTAL COINS 1.36

TOTAL MONEY AMOUNT \$ 236

PROPERTY LIST

<u>WALLET / content</u>	_____	_____
<u>2 keys A.H.C.</u>	_____	_____
<u>Visor</u>	_____	_____
<u>Jacket</u>	_____	_____
<u>Sunglasses</u>	_____	_____
<u>Cell phone</u>	_____	_____
<u>wedding band</u>	_____	_____

I HAVE READ THE ABOVE ACCOUNTING OF MY MONEY AND VALUABLES AND FIND IT TO BE ACCURATE.

x Albert L. Graham
 INMATE SIGNATURE

ALL ABOVE PROPERTY ACCOUNTED FOR AND PLACED IN PROPERTY LOCKER BY

[Signature] Sgt. Signature, Date 11/10/09 Time 0943

PROPERTY RELEASED TO Jeannette Graham

DATE 4-7-10 TIME 0949

Property removed from locker and all property release sheets and or booking release sheet filled out correctly and place in folder.

[Signature] Sgt Signature Date 4-7-10 Time 0949

2006100853 : GRAHAM, ALBERT

10373

Loc: A160

JONES COUNTY

4/7/2010 9:40:16 AM

By: CASH From: Cash Drawer #1

Acct: JONES-580

Prior Balance: \$52.20

Release RESIDENT RELEASE

Check Check 1219 Paid To: ALBERT GRAHAM

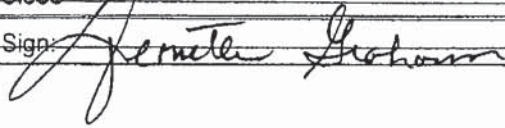
-\$52.20

Balance at Release

INMATE IS DECEASED

Close

Sign:



Main Balance: \$0.00

JONES COUNTY ADULT DETENTION FACILITY

Activity Sheet for Booking #: 67209

04/23/10 11:35

ID #: 2009110172

Name: GRAHAM, ALBERT LEE

Cell: A160

Status: MIN

Class: JCSO

Hold Reason: CH

Holding For:

Activity Date/Time: 11/10/09 11:37 Activity: STATBI

Old Facility:

Old Cell:

New Facility:

New Cell:

Amount:

Qty: 1

Extension:

Phone #:

Completed:

Appointment Date/Time:

Officer:

2009070031

Notes:

INMATE ISSUED ARM BAND ON 11/10/09

JONES COUNTY ADULT DETENTION FACILITY

Activity Sheet for Booking #: 67209

04/23/10 11:36

ID #: 2009110172

Name: GRAHAM, ALBERT LEE

Cell: A160

Status: MIN

Class: JC SO

Hold Reason: CH

Holding For:

Activity Date/Time: 11/12/09 15:51 Activity: MVMTRANSFER

Old Facility: JCADF

Old Cell: M.DETOX

New Facility:

New Cell: B102

Amount:

Qty:

1

Extension:

Phone #:

Completed:

Appointment Date/Time:

Officer:

2008120334

Notes:

JONES COUNTY ADULT DETENTION FACILITY

Activity Sheet for Booking #: 67209

04/23/10 11:36

ID #: 2009110172

Name: GRAHAM, ALBERT LEE

Cell: A160

Status: MIN

Class: JCSO

Hold Reason: CH

Holding For:

Activity Date/Time: 11/16/09 15:54 Activity: VIS VIS

Old Facility:

Old Cell:

New Facility:

New Cell:

Amount:

Qty:

1

Extension:

Phone #:

Completed:

Appointment Date/Time:

Officer:

2008040346

Notes:

PASTOR JERALD ULMER VISITED WITH SUBJECT IN THE VISITATION ROOM

JONES COUNTY ADULT DETENTION FACILITY

Activity Sheet for Booking #: 67209

04/23/10 11:36

ID #: 2009110172

Name: GRAHAM, ALBERT LEE

Cell: A160

Status: MIN

Class: JCSO

Hold Reason: CH

Holding For:

Activity Date/Time: 11/19/09 15:24 Activity: PH PC

Old Facility:

Old Cell:

New Facility:

New Cell:

Amount:

Qty:

1

Extension:

Phone #: (601) 283-9716 Completed: Y

Appointment Date/Time:

Officer:

2009070031

Notes:

BOBBY GRAHAM - BROTHER

JONES COUNTY ADULT DETENTION FACILITY

Activity Sheet for Booking #: 67209

04/23/10 11:36

ID #: 2009110172

Name: GRAHAM, ALBERT LEE

Cell: A160

Status: MIN

Class: JCSO

Hold Reason: CH

Holding For:

Activity Date/Time: 11/19/09 15:24 Activity: PH PC

Old Facility:

Old Cell:

New Facility:

New Cell:

Amount:

Qty:

1

Extension:

Phone #: (601) 580-0393 Completed: Y

Appointment Date/Time:

Officer:

2009070031

Notes:

BRYANT MATTHEWS - GOOD FRIEND.

JONES COUNTY ADULT DETENTION FACILITY

Activity Sheet for Booking #: 67209

04/23/10 11:36

ID #: 2009110172

Name: GRAHAM, ALBERT LEE

Cell: A160

Status: MIN

Class: JCSO

Hold Reason: CH

Holding For:

Activity Date/Time: 01/05/10 8:39 Activity: ATT INVIEW

Old Facility:

Old Cell:

New Facility:

New Cell:

Amount:

Qty:

1

Extension:

Phone #:

Completed:

Appointment Date/Time:

Officer:

2008040346

Notes:

ATTORNEY MICHAEL MITCHELL VISITED WITH SUBJECT ON 1/4/10 IN VISITATION ROOM

JONES COUNTY ADULT DETENTION FACILITY

Activity Sheet for Booking #: 67209

04/23/10 11:37

ID #: 2009110172

Name: GRAHAM, ALBERT LEE

Cell: A160

Status: MIN

Class: JCSO

Hold Reason: CH

Holding For:

Activity Date/Time: 03/10/10 7:47 Activity: MED MED

Old Facility:

Old Cell:

New Facility:

New Cell:

Amount: \$10.00 Qty:

Extension:

Phone #:

Completed:

Appointment Date/Time:

Officer:

31563

Notes:

WAS TAKEN TO EVMC FOR HIGH BLOOD PRESSURE WAS PUT ON H.B MEDS.

JONES COUNTY ADULT DETENTION FACILITY

Activity Sheet for Booking #: 67209

04/23/10 11:37

ID #: 2009110172

Name: GRAHAM, ALBERT LEE

Cell: A160

Status: MIN

Class: JCSO

Hold Reason: CH

Holding For:

Activity Date/Time: 03/10/10 18:42 Activity: MVMTRANSFER

Old Facility: JCADF

Old Cell: 102

New Facility: JCADF

New Cell: A160

Amount:

Qty:

1

Extension:

Phone #:

Completed:

Appointment Date/Time:

Officer:

2010020058

Notes: